

**COUNTY OF LOS ANGELES - TREASURER AND TAX COLLECTOR
BUSINESS LICENSE INVESTIGATION REPORT**

Account# 142422

Application for
Dance

Date
02/29/16

Hearing Date

D.B.A. Stardancers	Organization or Corporation Michiko M. Solon	Incorporation Date N/A
Address of Proposed Activity 2333 N. Lake Ave, Altadena 91001	Contacted Michiko M. Solon	Date Contacted 06/18/15
Applicant, Sponsoring Adult or Corporate Officer 1. Michiko M. Solon	Position Owner	Ever Arrested Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Address	Hgt. Wgt. Hair Eyes DOB	Place of Birth
[REDACTED]		
2.	Position	Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	Hgt. Wgt. Hair Eyes DOB	Place of Birth
	BROWN BLUE	
3.	Position	Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	Hgt. Wgt. Hair Eyes DOB	Place of Birth
	BROWN BROWN	
4.	Position	Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	Hgt. Wgt. Hair Eyes DOB	Place of Birth
	BROWN BROWN	
5.	Position	Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	Hgt. Wgt. Hair Eyes DOB	Place of Birth
	BROWN BROWN	
Location <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased <input type="checkbox"/> Sub-Leased From Whom: North Lake Avenue, LLC.		
Termination Date of Lease 06/05/19	Immediate Vicinity Commercial & Resident	School or Churches Both
Hearing Notice Posted		
Charitable Activity Yes	Proposed Date of Activity Holidays	Age Group 25+
Admission Charged Yes	Amount Varies	Security Guards Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No.
Estimated Attendance 120 per week	Posted Capacity N/A	Parking - Location Front of Building
Number 88	Paved Yes	Lighting Adequate
Outside Signs Front entrance & front of the parking lot		Interior Lightning Adequate
Alcoholic Beverages Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Type ABC License N/A	ABC Licensed Issued To N/A
Location Previously Licensed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date	Applicant Previously Licensed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date	License Suspended, Revoked, or Denied Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date
Type N/A	Type -	Type -
Date Started Operation 06/01/14	Billiard Tables Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Number	State Board Number
Attire N/A	Type of Food Served N/A	Entertainment (Describe) N/A
Hours of Operation M, Th, F - 7pm - 12am Wednesday - 7pm - 9pm	Days of Operation 5 days a week	County License Number 142422

Description of Vehicles		Model	Vehicle License Number	County License Number
Year	Make			

Color Scheme and Insignia on vehicles

Schedule of Rates

Additional Information

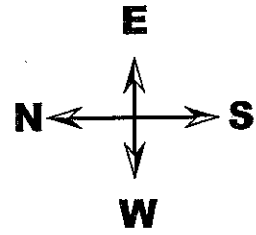
O. Partida
Investigated By

02/29/16
Date

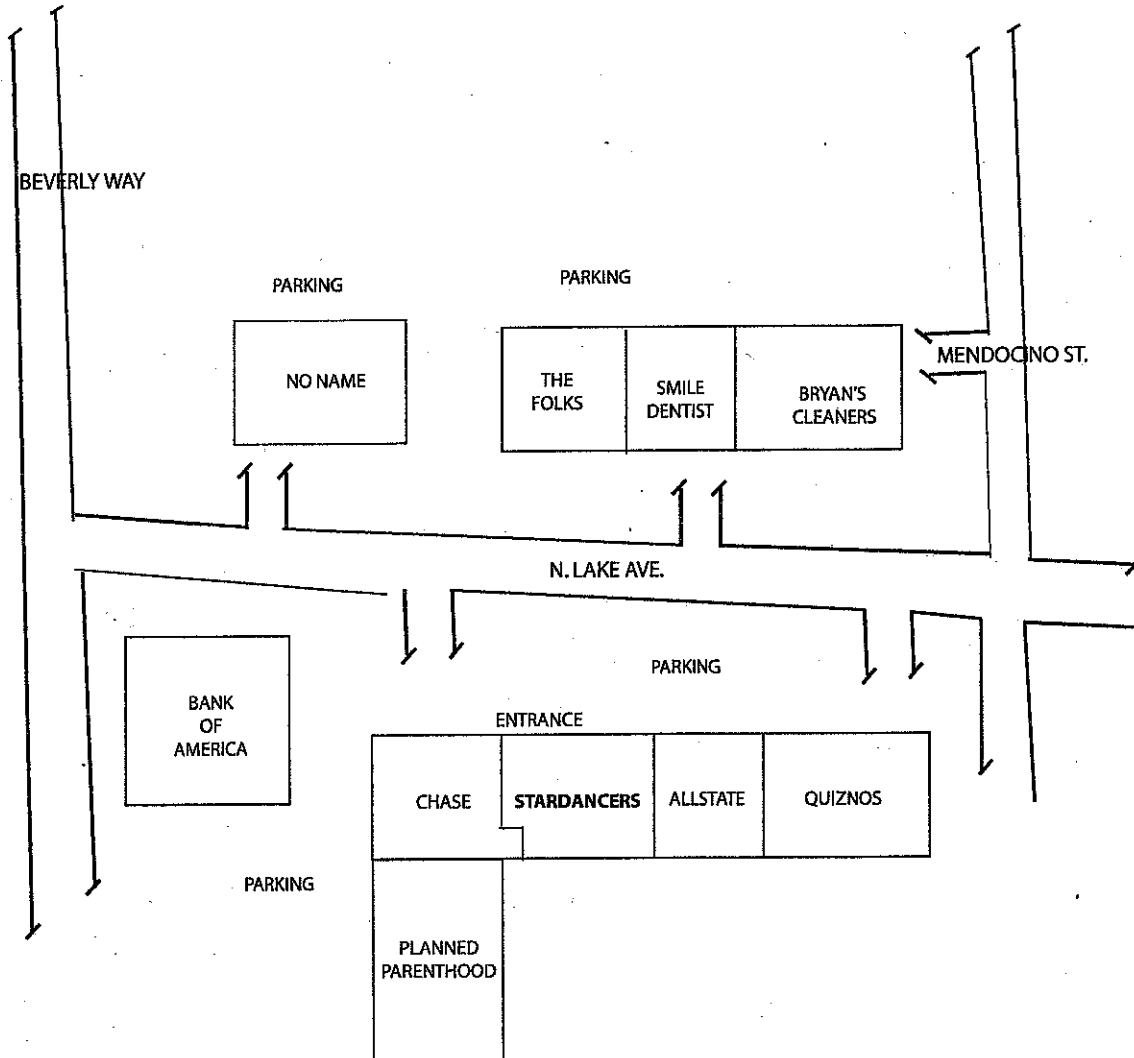
Reviewed By

Date

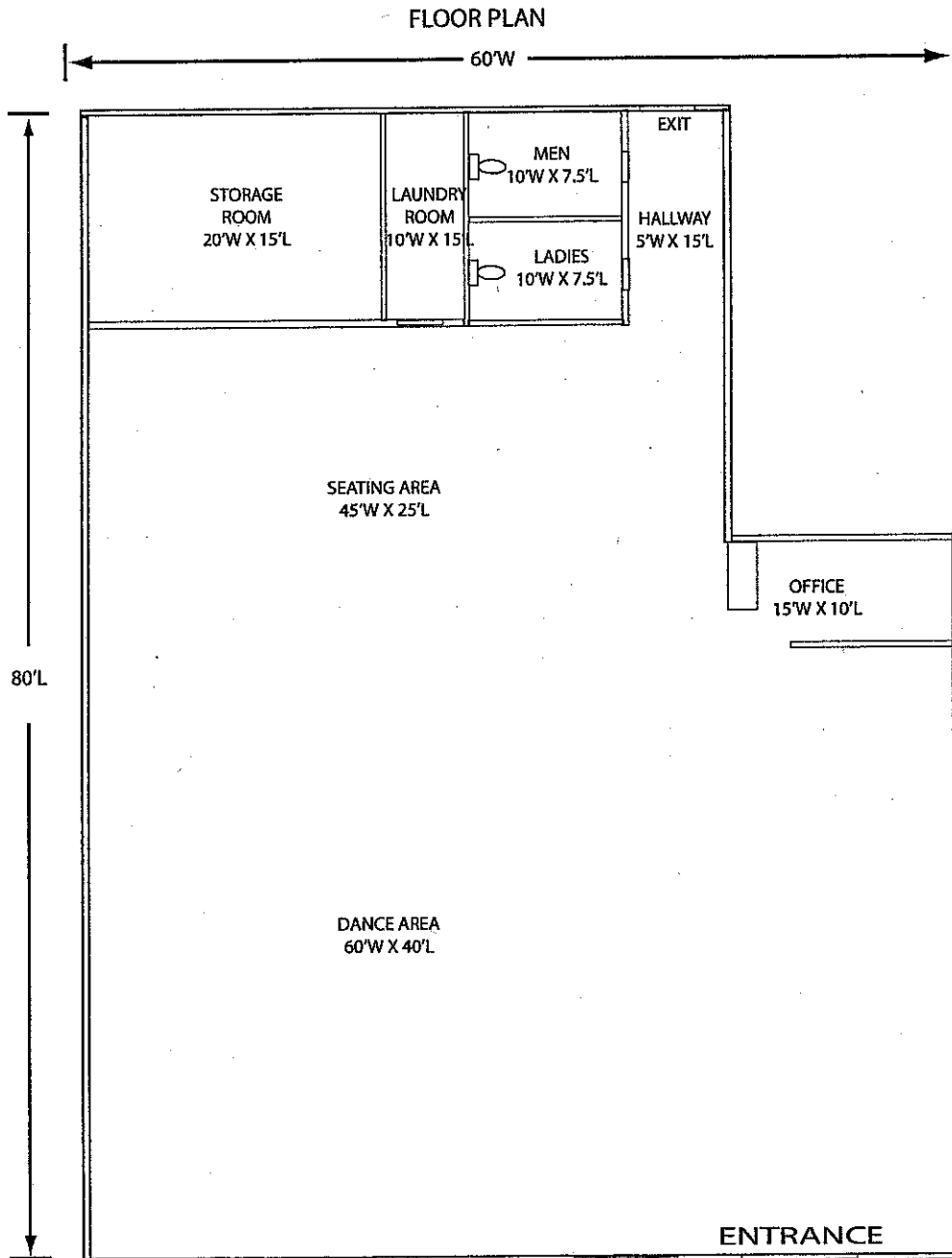
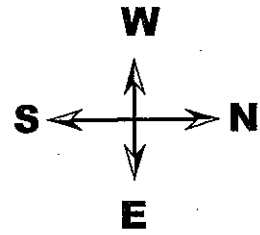
STARDANCERS
2333 N. LAKE AVE
ALTADENA, CA 91001
NOT TO SCALE
BY: M. BEJARANO #2
DATE: 07-9-2015

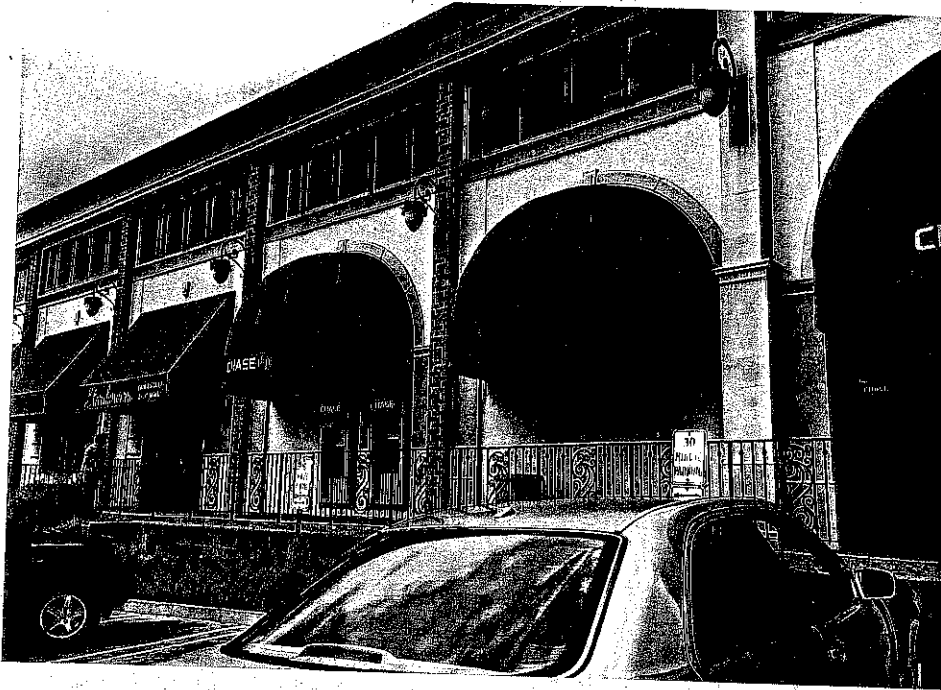


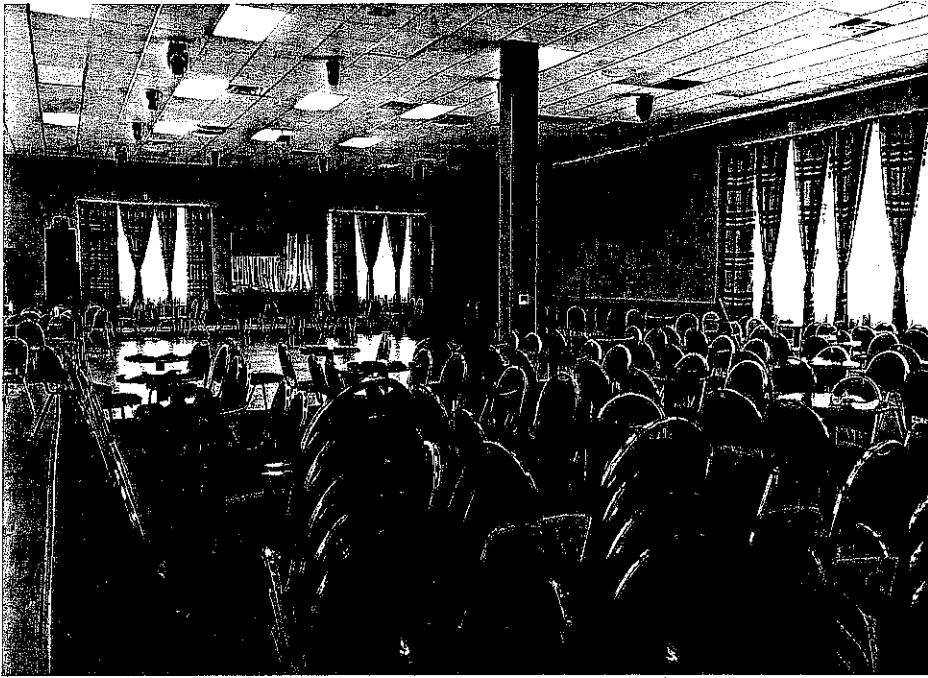
SITE PLAN

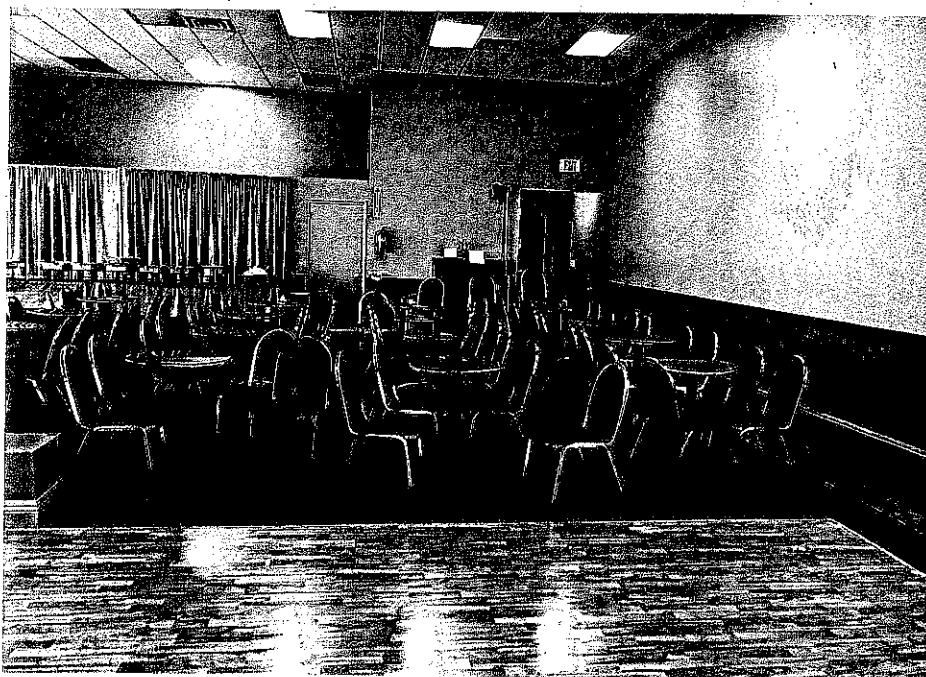
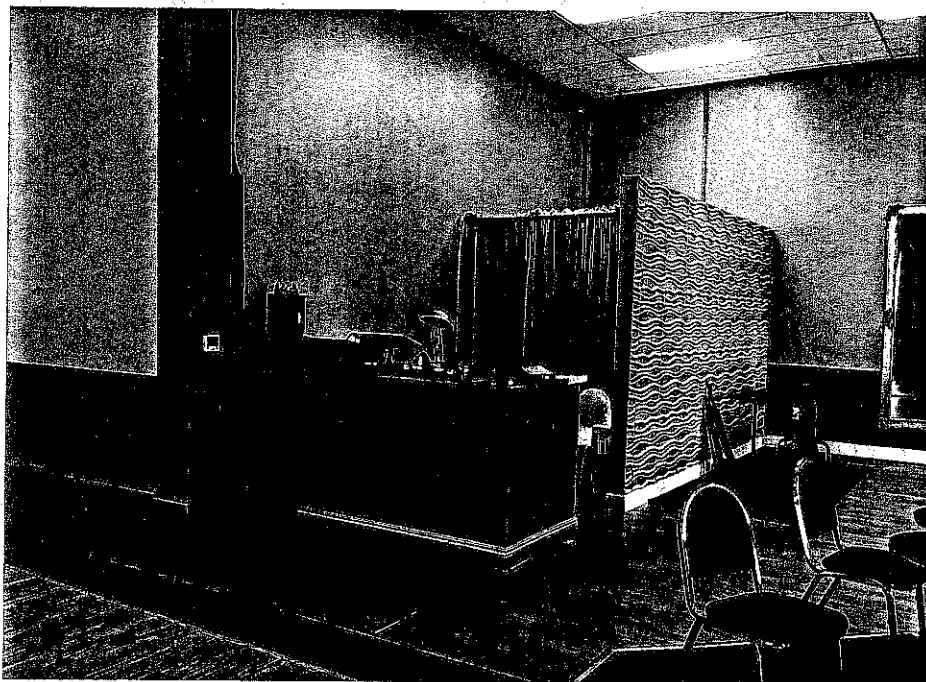


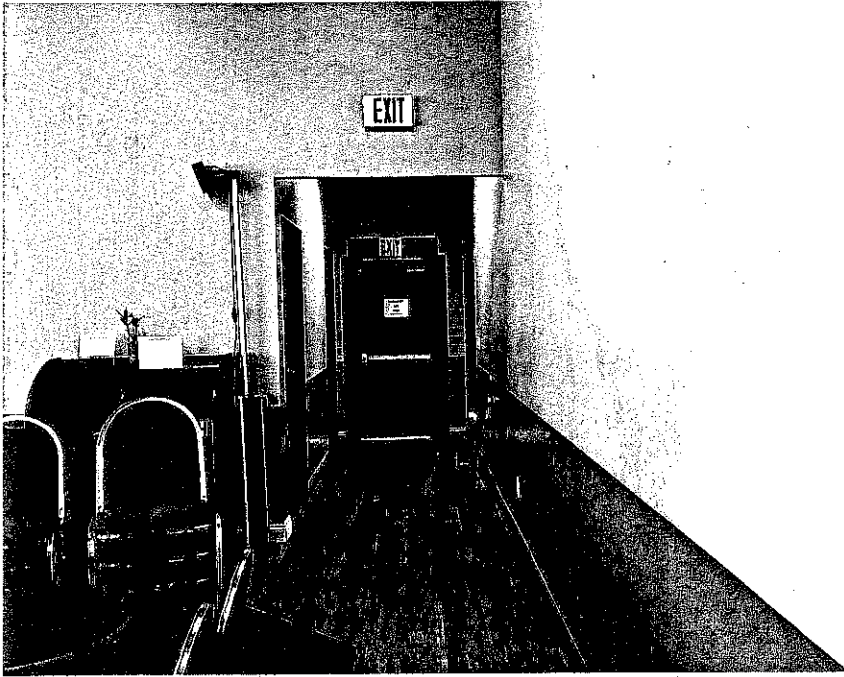
STARDANCERS
2333 N. LAKE AVE
ALTADENA, CA 91001
NOT TO SCALE
BY: M. BEJARANO #2
DATE: 07-9-2015

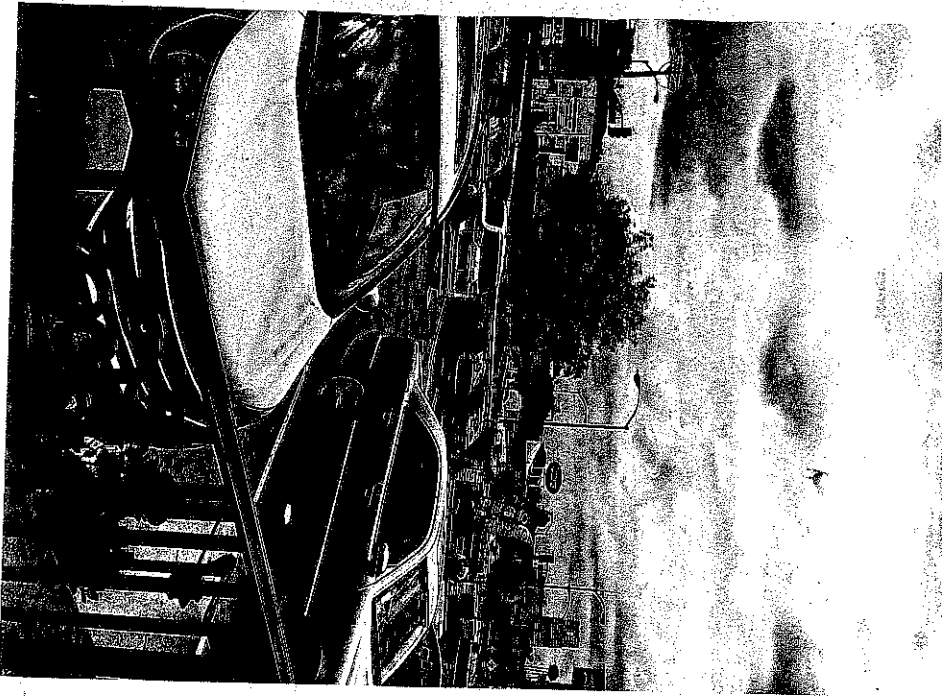














Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

ID # 142422

BUSINESS INFORMATION

Type of Business: DANCE STUDIO	Address of Business: 2333 N. LAKE AVE. ALTADENA CA 91001
	Business Telephone: (818) 203-5068
DBA (Business Name): STARDANCERS	Mailing Address: 2333 N-LAKE AVE. ALTADENA, CA 91001
Sellers Permit # (State Board of Equalization):	
Business Ownership Structure: Single Owner <input checked="" type="checkbox"/> Partnership _____ LLC _____ Corporation _____ If LLC or Corporation, the information below is required:	
Date of Incorporation:	Incorporated in the State of:
Exact Corporate Name:	
Names of Officers	Addresses

APPLICANT INFORMATION

Applicant's Full Name: MICHIKO MORITA SOLON		
Home Address: [REDACTED]		
Home Telephone: [REDACTED]	Cell Phone: [REDACTED]	Email address: micosolon@mail.com
Social Security #: [REDACTED]	Date of Birth: NOV. 18, 1989	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED]
Male _____ Female <input checked="" type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED]
	Hair Color: [REDACTED]	Eye Color: [REDACTED]

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the Business License applied for, I agree to submit any additional information that may be required, to conduct all phases of this Business License in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: JUNE 9, 2015 Applicant's Signature: [Signature]
Application taken by: TONY Date: 6/9/15

* If you suspect fraud or wrongdoing by a County of Los Angeles employee, report it to the fraud hotline at 1(800) 544-6861



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: ANNUAL DANCE

ADDRESS OF BUSINESS: 2333 N LAKE AVE, ALTADENA, CA 91001

TELEPHONE: (818) 203-5068

OWNER OF BUSINESS: MICHIKO M SOLON

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: STARDANCERS

MAILING ADDRESS: 2333 N LAKE AVE, ALTADENA, CA 91001

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	01/20/16	tchen
<input checked="" type="checkbox"/> 4. Fire Department	YES	07/21/15	tchen
<input type="checkbox"/> 5. Public Health			
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	06/29/15	tchen
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	06/10/15	tchen
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	02/11/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	06/29/15	tchen
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ANNUAL DANCE

ADDRESS OF BUSINESS: 2333 N LAKE AVE, ALTADENA, CA 91001

TELEPHONE: (818) 203-5067

OWNER OF BUSINESS: MICHIKO M SOLON

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: STARDANCERS

MAILING ADDRESS: 2333 N LAKE AVE, ALTADENA, CA 91001

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

BUILDING & SAFETY

LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION:

BUSINESS appears to have no violations.

SIGNATURE: _____

[Signature]

DATE: _____

1/20/16

BASIC LICENSE NO. 2020

DATE 12/15/15

IDENTIFICATION NUMBER 142422

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ANNUAL DANCE

ADDRESS OF BUSINESS: 2333 N LAKE AVE, ALTADENA, CA 91001

TELEPHONE: (818) 203-5067 (626) 414-4676

OWNER OF BUSINESS: MICHIKO M SOLON

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: STARDANCERS

MAILING ADDRESS: 2333 N LAKE AVE, ALTADENA, CA 91001

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**☒ APPROVAL☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: Ant R. JorgensenDATE: 07/01/2015

BASIC LICENSE NO. 2020

DATE 06/10/15

IDENTIFICATION NUMBER 142422

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ANNUAL DANCE

ADDRESS OF BUSINESS: 2333 N LAKE AVE, ALTADENA, CA 91001

TELEPHONE: (818) 203-5067

OWNER OF BUSINESS: MICHIKO M SOLON

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: STARDANCERS

MAILING ADDRESS: 2333 N LAKE AVE, ALTADENA, CA 91001

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

MICHIKO SOLON cell #
818-453-2856

**TREASURER & TAX COLLECTOR
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: [Signature]

DATE: 6-25-15

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
BUSINESS LICENSE SECTION
REVENUE & ENFORCEMENT DIVISION

TO: DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, 13TH FLOOR, ROOM 1360
LOS ANGELES, CALIFORNIA 90012
(Their business hours are Mon-Thur 8:00 a.m. to 5:00 p.m.)

FROM: BUSINESS LICENSE SECTION
225 NORTH HILL STREET ROOM 109
LOS ANGELES, CALIFORNIA 90012

DEPARTMENT OF REGIONAL PLANNING FEE: ~~XXXX~~ \$365.00

TELEPHONE: (213) 974-2011
FAX: (213) 633-5467

DATE:

July 25, 2014

ID#:

RBUS201400276
R2014-02152

REGIONAL PLANNING ID#:

TYPE OF BUSINESS AND CODE:

Dance / Entertainment w/ Dance

BUSINESS ADDRESS:

2333 W. Lake Ave

CITY:

Glendale, CA 91001

APN#:

NAME OF OWNER:

Michika Solon

PHONE#:

(818) 203-5068

D.B.A./NAME OF BUSINESS:

Star Dancers

CELL PHONE:

MAILING ADDRESS:

San J. Abre

E-mail ADDRESS:

To be completed by Regional Planning

Existing Use: New (X) Renewal()

RBUS 201400249

Project# R2014-02152

APN# 5845-019-017

Cell Phone#

Use permitted in zone Yes Zone: C-3/R-2-P

USE NOT PERMITTED IN ZONE:


APPROVED YES

DENIED:

Remarks:

"Michika Salon" dance studio (1,456 sq ft) is consistent with C-3/R-2-P zone. Zoning Conformance Review number RZCR201500412 dated 6/9/2015 approved a Tenant Improvement for a 1,456 sq. ft. Dance Studio. Any new signage, expansion or new tenant improvements requires Department of Regional Planning approval.

Signature:



Daniel Fierros

Date: 6/9/2015

THIS IS ONLY A BUSINESS LICENSE REFERRAL AND AN APPROVAL DOES NOT CONSTITUTE A BUSINESS LICENSE. YOU MUST RETURN REFERRAL TO THE TREASURER AND TAX COLLECTOR TO CONTINUE THE BUSINESS LICENSE APPLICATION PROCESS. (IF ANY QUESTIONS, PLEASE CALL 213/974-2011).

DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET,
HALL OF RECORDS
LOS ANGELES, CALIFORNIA 90012

✓

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

15-00735

KIND OF BUSINESS: **ANNUAL DANCE**

ADDRESS OF BUSINESS: **2333 N LAKE AVE, ALTADENA, CA 91001**

TELEPHONE: **(818) 203-5067**

OWNER OF BUSINESS: **MICHIKO M. SOLON**

CAL. DR. LIC.#: **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **STARDANCERS**

MAILING ADDRESS: **2333 N LAKE AVE, ALTADENA, CA 91001**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**SHERIFF FINGERPRINT
LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

Approved

SIGNATURE: _____

Wp 53617

DATE: _____

6/23/15

BASIC LICENSE NO. **2020**

DATE **06/10/15**

IDENTIFICATION NUMBER **142422**

6/10

Sound the Tony 6/23